

<p style="text-align: center;"><b>KENTUCKY CORRECTIONS</b> Policies and Procedures</p>	<p>Policy Number</p> <p style="text-align: center;">4.1</p> <p>Date Filed</p>	<p>Total Pages</p> <p style="text-align: center;">2</p> <p>Effective Date</p> <p style="text-align: center;">March 23, 2006</p>
<p>References/Authority</p> <p>KRS 197.020 ACA 4-4094</p>	<p>Subject</p> <p style="text-align: center;"><b>ATTENDANCE AT PROFESSIONAL MEETINGS</b></p>	

## I. DEFINITIONS

“Professional Meeting” means a scheduled organized meeting of a professional organization designed to discuss the business of the organization.

“Professional Organization” means a collective body of individuals engaged in a particular job-related profession.

## II. POLICY and PROCEDURE

Corrections supports the professional development of employees by encouraging employee attendance at professional job related meetings, workshops and conferences.

### A. Requests for Time to Attend Professional Meetings

1. Any employee may request prior approval for time off to attend professional job related meetings, workshops and conferences. The employee shall pay any required fees and travel expenses.
2. Each request shall be submitted in writing prior to the meeting and include registration materials and related documents to justify the professional job related nature of the meeting and the time off required.
3. Requests shall be limited to eight (8) days per calendar year, which shall be charged to other paid leave.
4. The above leave shall be in addition to meeting, workshop and conference attendance, which may be directed and approved for fees and travel expenses by Corrections.

### B. Requests for Funds and Time to Attend Out of State Professional Meetings

1. For purposes of this policy, no distinction shall be made between grant and state-appropriated funds.

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2. Advance approval shall be obtained for travel to, and participation in, meetings and activities of Professional Organizations. Travel requests shall be initiated as soon as possible and no later than one month prior to the scheduled departure date. Any exception shall be supported by a valid reason acceptable to the appropriate Deputy Commissioner or designee.
3. The Fiscal Manager shall confirm the availability of funds in the appropriate budget category prior to recommending approval of a travel request to the Commissioner.
4. Requests shall be submitted on the Commonwealth of Kentucky Request and Authorization for Out-of-State Travel Form to the immediate supervisor. If approved at this level, the request shall be forwarded through the appropriate chain of command to the Commissioner.
5. The Commissioner may establish limits as to the number of employees for who travel requests shall be approved for any one out-of-state meeting or activity.

C. Holding Office in a Professional Organization

1. Corrections' employees shall be encouraged to take leadership roles and serve as officers or committee members in recognized national, regional or state Professional Organizations.
2. Before accepting an office in an organization involving time away from normal working hours, an employee shall determine jointly with his supervisor that he may perform both Corrections and organization duties without detriment to either.

DOA-28  
EFF. 02/01/97

Commonwealth of Kentucky  
**REQUEST FOR AUTHORIZATION OF OUT-OF-STATE TRAVEL**

This request must reach the cabinet/agency at least five days before intended start of travel.

CPP 4.1  
Attachment I  
3/2006

Authorization No. \_\_\_\_\_

Department \_\_\_\_\_

Division or Institution \_\_\_\_\_ Date \_\_\_\_\_

**To the Finance and Administration Cabinet:** This agency has funds available and request advance authorization for the following out-of-state travel to be charge to this agency's accounts:

FUND	AGENCY	ORG/SUB	PROGRAM BUDGET UNIT	ACTIVITY	FUNCTION	DESCRIPTION	OBJ/SUB
JOB/PROJECT	REPT CATEGORY	TERMINI	QUANTITY	AMOUNT	<input type="checkbox"/> INC <input type="checkbox"/> DEC		

NAME OF OFFICER OR EMPLOYEE	POSITION	AMOUNT
Total Not To Exceed		

From (Origin) \_\_\_\_\_ To (Destination) \_\_\_\_\_

Date(s) trip to be taken (include travel time) \_\_\_\_\_

Justification for trip (Cite benefit to State. Do not abbreviate organization names)

If more than four employees of your agency are going to this event, how many and why?

Will a State check be issued for registration fee ☐ YES ☐ NO Car Rental ☐ YES ☐ NO

Car Rental Justification \_\_\_\_\_

Method of Conveyance: State Vehicle ☐ Personal Auto ☐ Airplane ☐ Commerical ☐ State ☐  
Charter ☐ Personal ☐

Other ☐ Explain Other \_\_\_\_\_

I hereby certify that it is necessary for the people or officers named above to make this trip on official business connected with the duties of their positions.

Approved: Finance and Administration Cabinet

Date \_\_\_\_\_

Signature of Department Head

Date \_\_\_\_\_

Forward Copy 1 and Copy 2 to Finance and Administration Cabinet, Division of Statewide Accounting Services. Copy 2 will be returned to the agency to indicate approval or rejection.

COPY 1 -- DIVISION OF ACCOUNTS



Name of Conference/Training/Meeting:	_____				
Dates of Conference/Training/Meeting:	_____				
Location of Conference/Training/Meeting:	_____				
Purpose of Conference/Training/Meeting:	_____				
Agency Attendance:	(1)	(2)	(3)	(4)	
Employee(s)	_____	_____	_____	_____	
Title:	_____	_____	_____	_____	
Workstation:	_____	_____	_____	_____	
Budget Unit:	_____	_____	_____	_____	
Travel Dates:					
Leave	____/____/____	____/____/____	____/____/____	____/____/____	
Return	____/____/____	____/____/____	____/____/____	____/____/____	
Travel Costs:	(1)	(2)	(3)	(4)	Totals
Estimates are acceptable; indicate N/A if information is not available.					
Registration Fees	\$_____	\$_____	\$_____	\$_____	\$_____
Source*(S/F/O/P)	(____)	(____)	(____)	(____)	
Lodging	\$_____	\$_____	\$_____	\$_____	\$_____
Source*(S/F/O/P)	(____)	(____)	(____)	(____)	
Double Occupancy (Y/N)	(____)	(____)	(____)	(____)	
Meals/Per Diem	\$_____	\$_____	\$_____	\$_____	\$_____
Source*(S/F/O/P)	(____)	(____)	(____)	(____)	
Transportation	\$_____	\$_____	\$_____	\$_____	\$_____
Round Trip Miles	(____)	(____)	(____)	(____)	
Type** (SV/PV/A/NC)	(____)	(____)	(____)	(____)	
Source* (S/F/O/P)	(____)	(____)	(____)	(____)	
Other Expense (Identify)	\$_____	\$_____	\$_____	\$_____	\$_____
Source*(S/F/O/P)	(____)	(____)	(____)	(____)	
<b>TOTAL COST</b>	\$_____	\$_____	\$_____	\$_____	\$_____

SV = State Vehicle; A = Airline  
PV = Private Vehicle NC = No Cost/Passenger

S = State Funds (Budget Unit)	_____	\$ _____
F = Federal Funds (Grant Title)	_____	\$ _____
O = Other (Explain)	_____	\$ _____
P = Personal Funds	_____	\$ _____
	Totals	\$ _____

☐ Yes ☐ No

Date \_\_\_\_\_

Comments: